

FIGURE 1

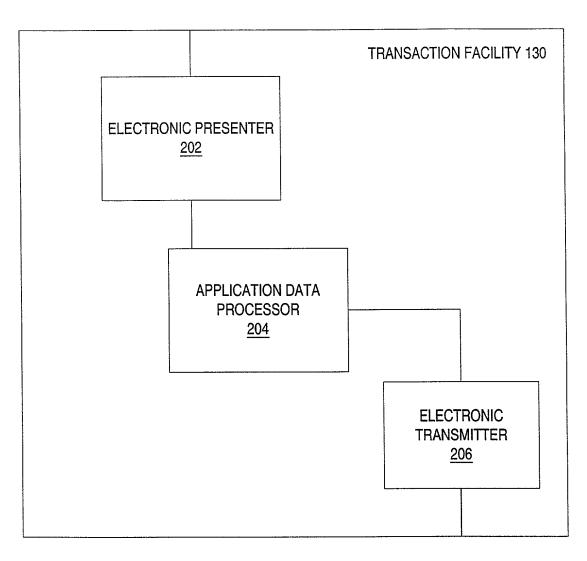


FIGURE 2

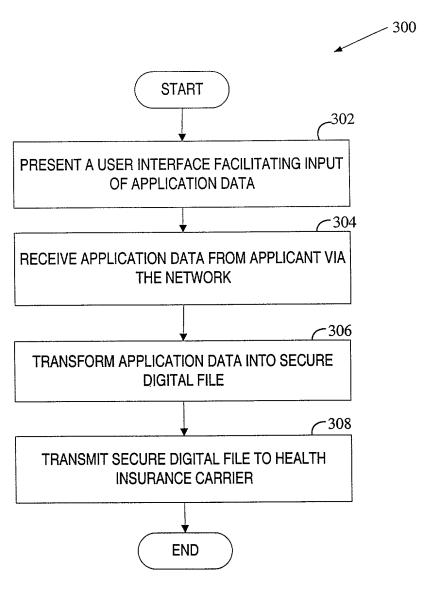
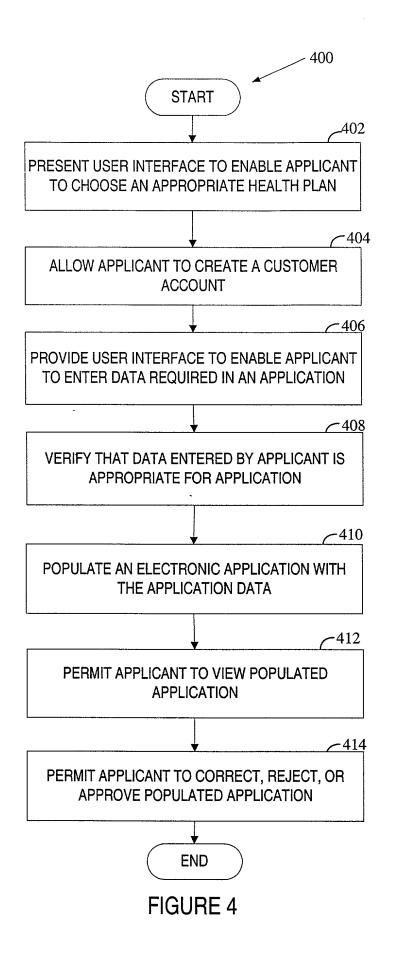


FIGURE 3



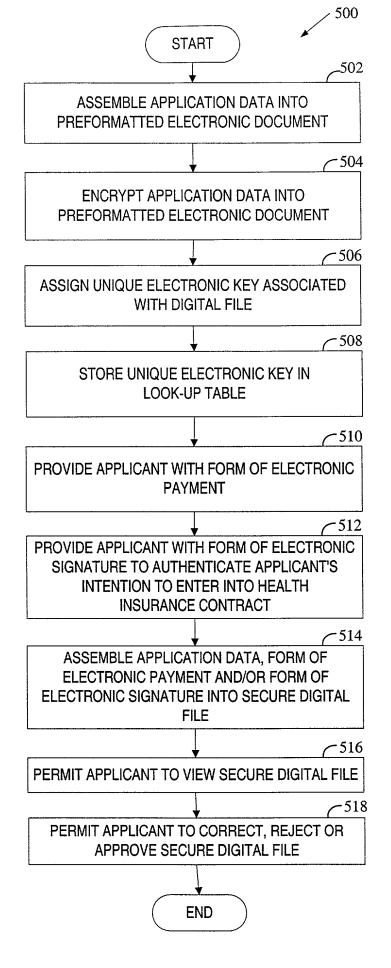


FIGURE 5

BY CHECKING THE BOXES AND ENTERING MY NAME BELOW I AM INDICATING MY INTENT TO ELECTRONICALLY SIGN THIS APPLICATION AND WARRANT THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE, AND ACCURATE.

JESSE JOHNSON ELECTRONIC SIGNATURE

ACKNOWLEDGEMENT	
i i	RIGINAL (NON-ELECTRONIC) SIGNATURE IF NECESSARY TO DE MEDICAL INFORMATION SHOULD IT BE REQUIRED IN THE FUTURE.
I UNDERSTAND THAT BY AP AGREEMENT ABOVE.	PLYING FOR COVERAGE I AM AGREEING TO THE ITEMS UNDER
I UNDERSTAND I AM AUTHO THE INITIAL MONTHLY PREM	RIZING BLUE CROSS OF CALIFORNIA TO DEBIT MY CREDIT CARD FOR MIUM.
I UNDERSTAND I AM AUTHORIZING BLUE CROSS OF CALIFORNIA TO DEBIT MY CHECKING ACCOUNT FOR ONGOING MONTHLY PREMIUMS AS EXPLAINED UNDER MONTHLY CHECKING ACCOUNT DEDUCTION AUTHORIZATION ABOVE.	
PLEASE TYPE YOUR NAME IN THE SPACES BELOW TO ELECTRONICALLY SIGN YOUR APPLICATION:	
LAST NAME	FIRST NAME MI
(PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE)	
PLEASE RETYPE YOUR NAME IN THE SPACES BELOW TO ELECTRONICALLY SIGN YOUR APPLICATION:	
LAST NAME	FIRST NAME MI
· · · · · · · · · · · · · · · · · · ·	
PLEASE TYPE YOUR CITY AND STATE BELOW:	
PLEASE TYPE YOUR CITY AND S	TATE BELOW:
PLEASE TYPE YOUR CITY AND S	STATE ON:

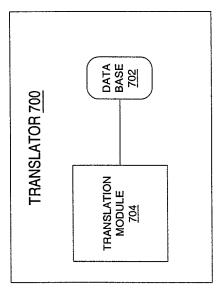
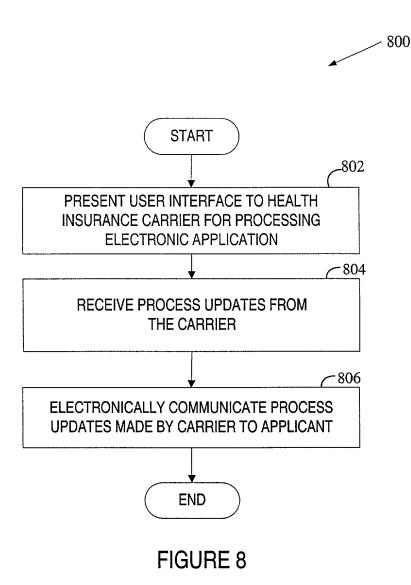
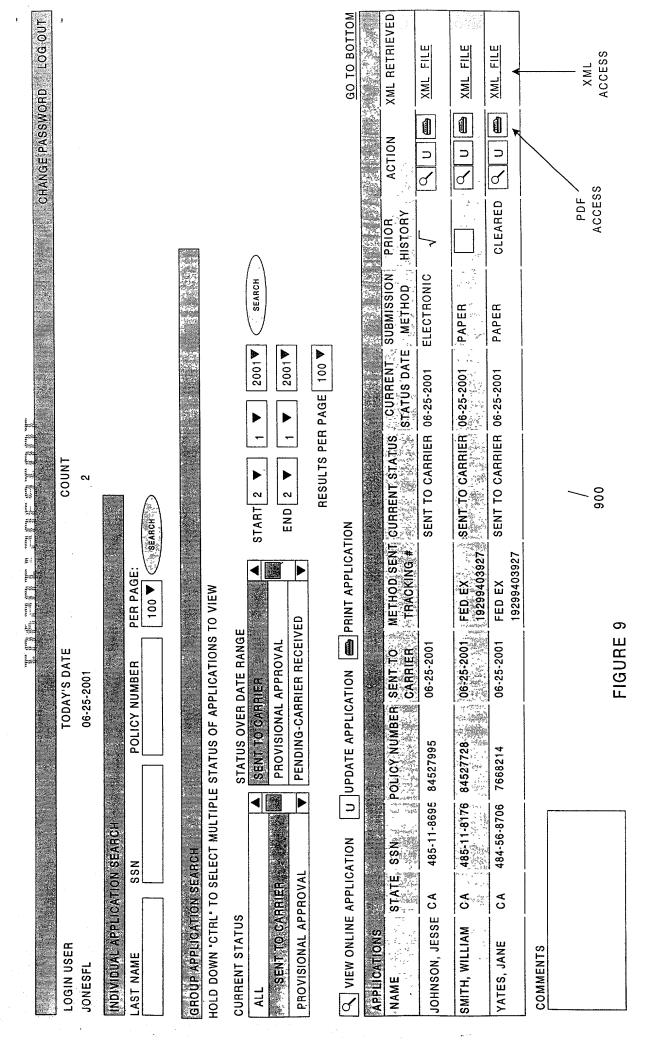


FIGURE 7





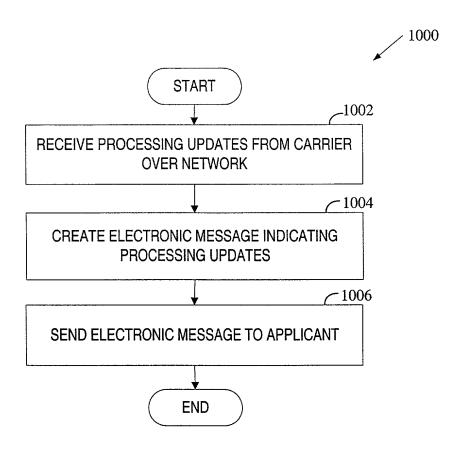


FIGURE 10

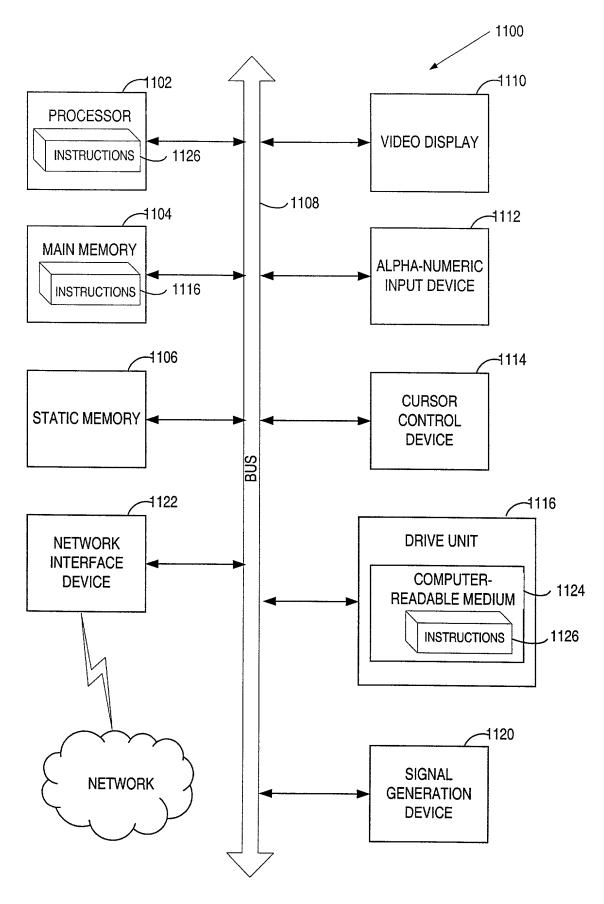


FIGURE 11